## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |   |                 |   |                  |                   | 101                    | 5                          | 3079                | /                      |
|---|--|---|-----------------|---|------------------|-------------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |   |                  | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S   | . NATIONAL S                                   | STAGE FEES                                |                 |   |                  | RATE              | FEE                    | ]                          | RATE                | FEE                    |
| BAS   | IC FEE   |   |                 |   |                  | BASIC FEE         |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   |                 |   |                  | EXAM. FEE         |                        | 1                          | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   |                 |   |                  | SEARCH FEE        |                        | 1                          | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =     |   | / 50 =           | X \$ 125 =        |                        | 1                          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 12 minus 20 = * |   |                  | X \$ 25 =         |                        | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = *   |   |                  | X \$ 100 =        |                        | OR                         | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT            |   |                  | + \$ 180 =        |                        | OR                         | + \$ 360 =          |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, | ess than zero, enter "0" in co              |                  | TOTAL             |                        | OR                         | TOTAL               | 900                    |
|   | Г  | SMALL E                                   |                 | OR  | OTHER SMALL E    |                   |                        |                            |                     |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | TIONAL<br>FEE          |
|   | Total  | *   | Minus           | **  | =                | X \$ 25 =         |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus           | ***   | =                | X \$ 100 =        |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                  | + \$ 180 =        |                        | OR                         | + \$ 360 =          |                        |
| TOTAL ADDIT.  FFF OR TOTAL ADDIT.  FFF  |  |   |                 |   |                  |                   |                        |                            |                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |   |                  |                   |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus           | **  | =                | X \$ 25 =         |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus           | ***   | =                | X \$ 100 =        |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                  | + \$ 180 =        |                        | OR                         | + \$ 360 =          |                        |
| Tr  |  |   |                 |   |                  |                   |                        | OR                         | TOTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |   |                  |                   |                        |                            |                     |                        |